

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>7-604</p> <p><b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)</p> </div> <div style="text-align: right;"> <p>SERIAL NO. <u>09/346069</u></p> <p>FILING DATE</p> </div> </div>					
CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	IND. DEP.
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TOTAL IND.			2		
TOTAL DEP.			25		
TOTAL CLAIMS			27		

  

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